



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

PETER G FOOX MD
PO BOX 8795
TYLER TEXAS 75711

Respondent Name

ZURICH AMERICAN INSURANCE CO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-13-0598-01

MFDR Date Received

November 1, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Clearly the rules state that copying of medical records for DDE's is to be reimbursed – yet the carrier denied payment for no valued reason. According to your website all that needs to be done is to fill out Form 060 – which I did. . . I attempted payment on several occasions & the carrier has ignored the rules related to these services by denying payment. Now their representative is grasping for a technicality. . ."

Amount in Dispute: \$353.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Under Rule 133.307(c) (2) (F), the provider must submit a request for medical dispute resolution that includes a position statement of the disputed issue that shall include a description of the healthcare for which payment is in dispute, the requestor's reasoning for why the disputed fees should be paid, how the Labor Code, Division rules, and fee guidelines impact the disputed fee issue. The provider failed to submit any such position statement to the Division, and therefore, its request for medical dispute resolution should be dismissed. . . According to Rule 133.307 (c) (1) (A), dates of service of 7/7/11 were not timely filed with the Division. Therefore, those dates of service cannot be considered by the Division and should be dismissed. . ."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 7, 2011	99080 x 2	\$58.00	\$0.00
April 26, 2012	99080 x 2	\$64.00	\$0.00
June 8, 2012	97110-GP, 97112-GP, 97032-GP and 97140-GP	\$231.00	\$0.00
TOTAL		\$353.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits for date of service July 7, 2011

- 97 – The benefits for this service is included in the payment allowance for another service procedure that has already been adjudicated
- 284 – No allowance was recommended as the procedure has a Medicare status of “B” (Bundled)

Explanation of benefits for date of service April 26, 2012

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

The requestor did not submit EOBs for disputed date of service June 8, 2012.

Issues

1. Did the requestor waive the right to medical fee dispute resolution for disputed date of service July 7, 2011?
2. Did the requestor submit initial and reconsideration medical bills for disputed dates of service April 26, 2012 and June 8, 2012?
3. Did the requestor submit initial and reconsideration EOB's for disputed dates of service April 26, 2012 and June 8, 2012?
4. Did the requestor submit medical records to support the billing of CPT codes 97110, 97112, 97032 and 97140 rendered on June 8, 2012
5. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307(c) (1) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is July 7, 2011. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on November 1, 2012. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file date of service July 7, 2011 with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution for CPT code 99080 x 2 rendered on July 7, 2011.

The remaining disputed charges rendered on April 26, 2012 and June 8, 2012 were submitted timely and in accordance with 133.307 (c) (1) and will be reviewed according to the applicable guidelines.

2. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (J) a paper copy of all medical bill(s) related to the dispute, as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter (relating to General Medical Provisions).”
 - Date of service: April 26, 2012: Review of the documentation submitted for review by the requestor does not contain copies of initial and reconsideration medical bills for disputed CPT code 99080 x 2.
 - Date of service: June 8, 2012: Review of the documentation submitted for review by the requestor does not include a copy of the initial medical bill for disputed CPT codes 97710-GP, 97112-GP, 97032-GP and 97140-GP.
 - The requestor has not met the requirements of 28 Texas Administrative Code §133.307 (c) (2) (J).

3. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB.”
- Date of service April 26, 2012: Review of the documentation submitted by the requestor does not include copies of reconsideration EOBs with the DWC060 request.
 - Date of service June 8, 2012: Review of the documentation submitted by the requestor does not include initial and reconsideration EOB’s with the DWC060 request.
 - The requestor has not met the requirements of 28 Texas Administrative Code §133.307 (c) (2) (K).
4. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute.”
- Date of service June 8, 2012: Review of the documentation submitted by the requestor does not include copies of medical records related to the disputed date of service.
 - The requestor has not met the requirements of 28 Texas Administrative Code §133.307 (c) (2) (M).
5. As a result, reimbursement for the disputed charges rendered on April 26, 2012 and June 8, 2012 cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 13, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.